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initial and follow-up evaluation of patients, performing routine laboratory and related studies, or

- (2) Utilization of the team approach to health care delivery (individuals functioning as an integral part of an interprofessional team of health personnel organized under the leadership of a physician working toward more efficient and/or more effective delivery of health services).
- (c) The extent to which changes (including improvement of educational and medical services) have been considered and which have been or will be applied to make the program more attractive to graduates of medical schools who are citizens of the United States, as demonstrated, for example, by:
- (1) Adding additional services to the existing programs to provide a broader educational experience for residents,
- (2) Expanding affiliations with other residency programs to offer a broader experience for residents,
- (3) Expanding undergraduate clerkships to provide a broader educational experience.
- (4) Creating or modifying administrative units which will provide broader clinical experiences, or
 - (5) Initiating research projects.
- (d) The adequacy of the recruitment efforts which have been and will be undertaken to attract graduates of medical schools who are citizens of the United States, as demonstrated, for example, by:
- (1) Broad-based advertisement of the program and of the institution through notices in journals, contacts with medical schools, etc.
- (2) Forming committees for the purpose of recruiting U.S. citizens.
- (3) Working with national organizations which are involved with medical students and U.S. graduate medical trainees, e.g., the American Medical Student Association and the Physician National House Staff Association, to attract U.S. citizens.
- (e) The extent to which the program on a year-by-year basis has phased down its dependence upon aliens who are graduates of foreign medical schools so that the program will not be dependent upon the admission to the

program of any additional such aliens after December 31, 1983.

PART 57—VOLUNTEER SERVICES

Sec.

57.1 Applicability.

57.2 Definitions.

57.3 Volunteer service programs.

- 57.4 Acceptance and use of volunteer services.
- 57.5 Services and benefits available to volunteers.

AUTHORITY: Sec. 223, 58 Stat. 683, as amended by 81 Stat. 539: 42 U.S.C. 217b.

Source: $34\ FR\ 13868$, Aug. $29,\ 1969$, unless otherwise noted.

§ 57.1 Applicability.

The regulations in this part apply to the acceptance of volunteer and uncompensated services for use in the operation of any health care facility of the Department or in the provision of health care.

§ 57.2 Definitions.

As used in the regulations in this part:

Secretary means the Secretary of Health and Human Services.

Department means the Department of Health and Human Services.

Volunteer services are services performed by individuals (hereafter called volunteers) whose services have been offered to the Government and accepted under a formal agreement on a without compensation basis for use in the operation of a health care facility or in the provision of health care.

Health care means services to patients in Department facilities, beneficiaries of the Federal Government, or individuals or groups for whom health services are authorized under the programs of the Department.

Health care facility means a hospital, clinic, health center, or other facility established for the purpose of providing health care.

§ 57.3 Volunteer service programs.

Programs for the use of volunteer services may be established by the Secretary, or his designee, to broaden and strengthen the delivery of health services, contribute to the comfort and well being of patients in Department